

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/20/08

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		2				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
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45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
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97						
98						
99						
100						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	25	←		←
TOTAL CLAIMS			26			